

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 - 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

42258

STATE FILE NUMBER

10753

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. John 4/20/10	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14 Jewish Hospital				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 27 2975 Endicott Ave.,	
3. NAME OF DECEASED (Type or print) First Frank Middle E. Last LEWIS				4. DATE OF DEATH Month November Day 7 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH October 19, 1860	
9. AGE (In years last birthday) 97		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationery Fireman		11. BIRTHPLACE (City and state or country) Brownstown, Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Lewis		13b. MOTHER'S MAIDEN NAME Unknown Skinner		14. NAME OF HUSBAND OR WIFE Emma Lewis, dec'd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) (If yes, give dates of service) No Nil		16. SOCIAL SECURITY NO. 490-12-4431		17. INFORMANT Harry Lewis, 205 Hawkshury, St. Louis, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure DUE TO (b) Rheumatic Heart Disease DUE TO (c) Chronic Pulmonary Emphysema PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a), (b), and (c). 416X							
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 4 a.m. Month 11 Day 7 Year 1957				20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION St. Louis				20f. COUNTY St. Louis			
20g. STATE Missouri				20h. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21. I attended the deceased from 11/5/57 to 11/7/57 and last saw her alive on 11/7/57 Death occurred at 4 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Harold Lee Buehner, Jr. D.				22b. ADDRESS Jewish Hosp. St. Louis			
22c. DATE SIGNED 11/8/57				22d. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens			
22e. LOCATION (City, town, or county) St. Louis County, Missouri.				22f. DATE RECD. BY LOCAL REG. NOV 12 '57			
22g. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.				22h. DATE SIGNED 11/8/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal				23b. DATE 11-9-57			
23c. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.				23d. ADDRESS 4700 Washington Blvd.			
23e. DATE RECD. BY LOCAL REG. NOV 12 '57				23f. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			
23g. DATE SIGNED 11/8/57				23h. DATE SIGNED 11/8/57			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~; Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Guy W. Wilkerson

Licensed Embalmer No. 3575

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

11-2-11

Albert H. Hodge, 1703 Washington Blvd.